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30407 7590 02/03/2004

BOWDITCH & DEWEY, LLP
 161 WORCESTER ROAD
 P.O. BOX 9320
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Shariet Ramsland (Depositor's name)
 Shariet Ramsland (Signature)
 April 30, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,880	11/21/2001	Andrew Karellas	301506.3001-100	2218

TITLE OF INVENTION: SYSTEM AND METHOD FOR X-RAY FLUOROSCOPIC IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, COURTNEY D	2882	378-098300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bowditch & Dewey, LLP

2

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(A) NAME OF ASSIGNEE

University of Massachusetts
 Medical Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Worcester, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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